Category:

Study type:

Declarative title:

Citation: Lo SH, Chang AM & Chau JP (2018) Stroke Self-Management Support Improves Survivors' Self-Efficacy and Outcome Expectation of Self-Management Behaviors *Stroke* 49:758-760

Commentary

Implications for practice and research

- Practitioners can support and promote stroke survivors' engagement in self-management through facilitative strategies that align with the constructs of self-efficacy theory.
- Further research is required to understand the barriers and facilitators to implementing theoretically-driven, supported stroke self-management interventions in practice that align with the contexts of people's daily lives and their self-management priorities.

Context

Stroke is an acute event followed by long-term treatments and supported self-management that help to prevent further stroke, facilitate rehabilitation, and help stroke survivors and their families to manage the complex longer term consequences and 'treatment burden' associated with stroke. A growing body of evidence supports the effectiveness of supported self-management approaches for stroke survivors and their families, particularly approaches underpinned by the theoretical, context-specific, construct of self-efficacy, on a range of outcomes including quality of life and self-efficacy, engagement in healthy lifestyle behaviors, and use of health services[1].

Methods

In this study, Lo and colleagues examined the effectiveness of a nurse-led supported self-management programme, underpinned by self-efficacy theory, for community-dwelling stroke survivors in Hong Kong. Outcomes included self-efficacy in self-management, outcome expectation of performing self-management behaviours, and satisfaction with performance of self-management behaviours. In total, 128 stroke survivors recently discharged from hospital were recruited to the study and randomly allocated to intervention (n=64) and control (n=64) groups. Participants in the intervention group received the 4-week supported self-management programme which adopted facilitative strategies based on constructs of self-efficacy such as verbal persuasion via peers and goal setting modelling and comprised one home visit, two 2-hour community group sessions, and three follow-up phone calls. A workbook was also administered, designed to facilitate stroke survivors' goal setting and action planning, and two DVDs of stroke survivors sharing their experiences about self-management, designed to help study participants reflect on their own self-management behaviours.

Findings

The findings identified that the supported self-management programme had significantly improved participants' self-efficacy, outcome expectation, and satisfaction with performing self-management behaviours at the 8-week post-intervention evaluation. Thus, the findings suggest that improvements in self-efficacy are associated with improved engagement in self-management. Less than half of the intervention group participants, however, engaged in all four programme sessions; key challenges identified by the authors included accompanying family members/carers unavailability, clashes with other personal commitments, whilst some were not interested in using telephone follow-up.

Commentary

Globally, the incidence of stroke continues to rise; affecting 17 million people worldwide each year[2]. Improved long-term survival means an increasing number of people are living with complex and significant stroke-related impairments which can include physical disabilities, problems with mobility, vision, speech and memory, personality changes, fatigue and depression[3]. Supported self-management features in worldwide policies and guidelines as one way to help address these long-term effects[3,4]. This study, originating in China, further adds to the evidence base supporting the effectiveness of theoretically-derived, supported self-management approaches for stroke survivors and their families[5]. In particular, this study demonstrates the very practical ways in which the constructs of self-efficacy theory can be incorporated into a supported self-management programme to facilitate and promote engagement in self-management.

A key challenge, however, lies in translating and implementing this evidence into practice. Indeed, the authors found that more than half of the intervention participants only received one programme session rather than full the intended programme, which could affect the fidelity of the intervention and interpretation of the findings[6]. The authors identified very practical reasons for why participants did not engage in the full programme which would be important to consider in the implementation of such an intervention in practice. Such findings provide a stark reminder of the importance of ensuring that supported self-management approaches align with, and are grounded within, the realities and priorities of people's lives and do not add to their 'treatment burden'. Understanding the context of stroke survivors' lives and 'the work' involved for them in engaging in supported self-management is a crucial first step to translating valuable evidence from trials such as Lo et al's study into the practice setting.

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Competing interests
None